

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

136

FILED JAN 26 1943

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

437

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2030 Division Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life Time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Er. Nell Coleman

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov 16th 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) mo (State or foreign country)

10. Usual occupation Baby

11. Industry or business —
12. Name Elisha Coleman
13. Birthplace Natges (City, town, or county) Miss 1 (State or foreign country)
14. Maiden name Astee Younger
15. Birthplace Winnona (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Elisha Coleman
(b) Address 2030 Division St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Predeck

(b) Address 3133 Bessing

19. (a) JAN 15 1943 (b) J. F. Predeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2030 Division St (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1943 hour 5:30 minute — A. M.

21. I hereby certify that I attended the deceased from Jan. 11 1942 to Jan 11 1942 that I last saw her alive on Jan 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 2 days
Pertussis 2 wks.

Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? — (Specify type of place) Means of injury —

23. Signature Chas. Wolff (M. D. or other) —
Address 1418 Franklin Date signed 11/12/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2498

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.